

App. No. 10/716,802  
Amdt. Dated December 29, 2004  
Reply to Office Action of October 5, 2004  
Atty. Dkt. No. 8591-111

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** GIRALDIN, ET AL.  
**Title:** CASHLESS SPENDING SYSTEM AND METHOD  
**Appl. No.:** 10/716,802  
**Filing Date:** November 18, 2003  
**Examiner:** Daniel A. Hess  
**Art Unit:** 2876

<b>CERTIFICATE OF MAILING BY FACSIMILE</b> Date of Deposit: <u>12-29-2004</u> I hereby certify that this correspondence is being facsimile transmitted on the date indicated above to the Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-1450 at telephone No. 703-872-9306.  _____ Bernard L. Kleinsch (Printed Name) <i>Bernard L. Kleinsch</i> (Signature)
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**REPLY AND AMENDMENT**

Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on October 5, 2004, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** begin on page 3 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

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**Joint Inventors and Patentability under 35 U.S.C. § 103(a)**

The subject matter of the various claims were commonly owned at the time and inventions covered therein were made.

Allowed independent claims 19, 24, and 29 along with their newly added dependent claims 20-23, 25-28, and 30-33 are in a condition for immediate allowance, action to that end being earnestly requested.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: 12-29-2004

By Bernard L. Kleinke

DUCKOR SPRADLING METZGER & WYNNE  
A Law Corporation  
401 West A Street, Suite 2400  
San Diego, California 92101-7915

Bernard L. Kleinke  
Attorney for Applicant  
Registration No. 22,123

Telephone No.: 619.231.3666  
Facsimile No.: 619.231.6629  
Email Address: [kleinke@dsmlaw.com](mailto:kleinke@dsmlaw.com)

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number  
**10716802**

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	<b>18</b>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<b>18</b> minus 20=	*
INDEPENDENT CLAIMS	<b>3</b> minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR  
OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A <b>12/29/04</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* <b>18</b>	Minus ** <b>20</b> = <b>—</b>
	Independent	* <b>6</b>	Minus *** <b>3</b> = <b>3</b>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR  
OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus ** =
	Independent	*	Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus ** =
	Independent	*	Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.